

POLICY AND PROCEDURE

DEPARTMENT: Provider Network	DOCUMENT NAME: Provider Specialist Visits
PAGE: 1 of 4	REPLACES DOCUMENT:
APPROVED DATE: 9/11	RETIRED:
EFFECTIVE DATE: 1/12, 2/15	REVIEWED/REVISED: 1/14, 11/14, 2/15, 1/16, 1/17, 1/18, 1/19, 8/19, 6/20, <u>3/21</u>
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.PRVR.14

SCOPE:

Louisiana Healthcare Connections (LHCC) Provider Network Department

PURPOSE:

To foster and maintain relationships with contracted providers by establishing a Provider Network Specialist team that regularly interacts with the health plan’s participating providers and that is available to respond to questions or issues that may come up from the provider network.

POLICY:

It is the policy of Centene Corporation that each health plan establishes a Provider Network Department that holds regularly scheduled meetings with in-network providers based on provider type and/or membership volume. These meetings, conducted by a health plan Provider Specialist, should be scheduled in advance, whenever possible, and should occur in the provider’s office or may consist of telephonic outreach to the providers. These visits or telephonic contacts will provide ongoing provider training, answer any operational questions or concerns the providers may have, review PCP’s provider performance profile education reports (PMPM reports and HEDIS measure reports) and verify provider demographics.

PROCEDURE:

1. In-network providers shall be contacted by the Provider Specialist according to the following schedule after the initial new provider orientation training:

Provider Type	Membership	Visit schedule
PCP	At Least 2,000 and above	Quarterly
PCP Specialist	1,999-1 N/A	Quarterly As Needed
Hospital Ancillary	N/A N/A	Bi-Annually As Needed

*In addition to the standards outlined by above, visit frequency shall also occur to any network provider as deemed necessary by the Louisiana Department of Health (LDH) or management of LHCC. A minimum number of provider visits

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per week will be determined by LHCC management and reported on the Provider Specialist weekly metrics report.

2. Meetings should be scheduled in advance, when possible, and the agenda shall encompass the provider visit record and any additional items indicated by the provider. The agenda outlined in the provider visit record ~~at a minimum~~ includes:

- Verification of Provider Demographics
- Provider Billing Education
- Discuss Claims Issues, as needed
- Education on Accessing the Preferred Drug list on the LHCC website
- Provider Roster Verification
- Secure Provider Portal Education and User Account Maintenance
- Provider Performance Profile Education and Coaching
- Health Plan and LDH Policy Updates
- Specialty Referral Network Gaps
- Case/~~Disease~~ Management Member Referrals
- Email Provider Satisfaction Survey
- Address Questions and Concerns
- Schedule Next Visit **when possible**

3. Meeting minutes documenting attendees, items of discussion, and action items should be documented in the Provider Visit Report on the Share Point site for future reference.

4. Demographic information should be validated at **during the visit** every ~~interaction~~ with the provider and presented to the health plan's **Provider Data Management** and contract coordinator team(s) for review and updating as necessary and appropriate.

5. Information about the provider visit/encounter must be entered in the Provider Visit Report (PVR) the day of the visit, when possible. PVRs that are not entered into the Share Point site by the following Monday ~~at 9:00 am~~ will not be counted and reported in the Provider Specialist weekly metric report.

REFERENCES:

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ATTACHMENTS:

DEFINITIONS

REVISION LOG

REVISION:	DATE:
Replaced Provider Relations Representative with Provider Relations Specialist under the policy and procedure sections	11/16/2014
Under the procedure section, added language indicating the visit frequency listed table begins after the initial new provider orientation	11/16/2014
Under the procedure section, a threshold was added for PCP that have 1000 or more members to be visited at minimum monthly	11/16/2014
Under the procedure section a change was made to the threshold of PCPs with membership between 500-999 to be visited at minimum bi-monthly	11/16/2014
Under the procedure section a change was made to the minimum frequency of visits to all specialist to annually	11/16/2014
Under the procedure section, an insertion was made to the minimum visit frequency table to include "as deemed necessary by the Louisiana Department of Health and Hospitals"	11/16/2014
Under the procedure section, an insertion was made regarding the agenda of the meetings and their topics	11/16/2014
<ul style="list-style-type: none"> Changes-Updated language regarding post-orientation provider contact based on volume and provider meeting agendas. RFP requirements – 10.5.1; 10.5.3	11/2014
Under the procedure section a change was made to the bi-monthly threshold to visit practices with membership between 200-999 on Bi-Monthly Basis.	2/9/2015
Under the procedure section a change was made to the quarterly threshold to now visit practices with a membership between 50-199 on a quarterly basis.	2/9/2015

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Under the procedure section a new threshold of Semi-Annual was added to now visit practices with a membership between 10-49 on a semi-annual basis.	2/9/2015
Under the procedure section a change was made to the annual threshold for PCP providers to now visit practices with a membership of less than 10 on an annual basis	2/9/2015
Change Provider Relations to Provider Consultants In the Policy section, added to the tasks for the provider visits. Revised membership visit schedule Revised agenda items (section 2 in Procedure): removed: Claim reporting and provider complaints. Minutes documented in SharePoint instead of file. PVR to be documented by 9:00 next day.	1/16
Changed DHH to LDH	1/17
No revisions	1/18
Updated visit schedule for PCP and hospitals. Changed Provider Relations Department to Provider Consultant.	1/19
Updated to match provider visit procedures Updated to match contract amendment #17 7.17.1.7	08/19
Updated department name Changed Provider Consultants to Provider Specialist Changed to Louisiana Department of Health	06/20
<u>Removed at a minimum</u> <u>Removed the word disease</u> <u>Added when possible to next scheduled visit</u> <u>Removed the word every</u> <u>Typed out PDM (Provider Data Management)</u> <u>Removed at 9 am</u>	<u>03/21</u>

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in Archer is considered equivalent to a physical signature.